Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Christy Smith for Congress PO Box 301 ADDRESS (number and street) 24307 Magic Mountain Pkwy (Check if address is changed) 91355 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Amy@BigBoyAgency.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.christyforcongress.org/ (Check if address is changed) DATE 2022 C00725101 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Winger, Marc, , , Type or Print Name of Treasurer Winger, Marc,,, [Electronically Filed] 01 19 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.) Name of Candidate Smith, Christy, , ,	e. (Complete the candidate
Candidate Party Affiliation Office Sought: House Senate President	State CA dent District 27
(c) This committee supports/opposes only one candidate, and is NOT an authorized commi	ittee.
Name of Candidate	
Party Committee: (National, State	(Democratic,
(d) This committee is a or subordinate) committee of the	Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.)) Its connected organization is a
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a sepacommittee. (i.e., nonconnected committee)	arate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal can	•
(h) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number C	
3.	
4. FEC ID number C	

FEC Form 1	(Revised 02/2009)	Page 3
Write or Type Comm	nittee Name	
Christy Sn	mith for Congress	
	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
Christy Smith \	√ictory Fund	
	<u> </u>	<u> </u>
	PO Box 301	
Mailing Address	24307 Magic Mountain Pkwy	
	Valencia CA 91355	
		712 0005
	CITY STATE	ZIP CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
. Custodian of Rec	cords: Identify by name, address (phone number optional) and position of the person in pos	ssession of committee
DOOKS alla lecora.		
Full Name	Winger, Marc, , Mr.,	
Mailing Address	PO Box 301	
	24307 Magic Mountain Pkwy	
	Valencia CA 91355	
Title or Position	CITY STATE	ZIP CODE
, Treasurer	1 202 1	544 6960
	Telephone number	
Treasurer: List the	e name and address (phone number optional) of the treasurer of the committee; and the nagent (e.g., assistant treasurer).	ame and address of
Full Name	Winger, Marc, , ,	
of Treasurer		
Mailing Address	PO Box 301	
	24307 Magic Mountain Pkwy	
	Valencia CA 91355	
Title or Position	CITY STATE	ZIP CODE
Treasurer		544 6960

TEC TOIL	n 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc.	o decounts, rems
	Depository, etc. California Bank & Trust	
safety deposit bo	oxes or maintains funds. Depository, etc.	
safety deposit bo Name of Bank, I	Depository, etc. California Bank & Trust	
safety deposit bo Name of Bank, I	Depository, etc. California Bank & Trust 550 S Hope St	
safety deposit bo Name of Bank, I	Depository, etc. California Bank & Trust 550 S Hope St Ste 100 Los Angeles CA 90071	ZIP CODE
safety deposit bo Name of Bank, I	Depository, etc. California Bank & Trust 550 S Hope St Ste 100 Los Angeles CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. California Bank & Trust Ste 100 Los Angeles CITY STATE Depository, etc.	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. California Bank & Trust 550 S Hope St Ste 100 Los Angeles CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. California Bank & Trust Ste 100 Los Angeles CITY STATE Cepository, etc.	
safety deposit be Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. California Bank & Trust Ste 100 Los Angeles CITY STATE Depository, etc. Amalgamated Bank 1825 K St NW	
safety deposit be Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. California Bank & Trust Ste 100 Los Angeles CITY STATE Cepository, etc.	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
California Candid	ates Victory Fund		
Mailing Address	777 S Figueroa St		
maining / tautooo	Ste 4050		
	Los Angeles	CA	90017
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee	: Fundraising Representa	Leadership PAC Sp
		: Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi		: Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi		Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi	y by name, address (phone number – optional)	STATE A	Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

h). Joint Fundrais i	.	FEC ID number	C
1.			
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
	OS, ROUDA, SMITH VICTORY FUN		,,
Mailing Address	2828 N Central Ave		
J	Ste 1014		
	Phoenix	ı AZ ı	85004
Relationship:	CITY ▲	STATE A	ZIP CODE A
rielationship.	CITY	SIAIE	ZIP CODE A
		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Ident	ed Organization Affiliated Committee Join Join ify by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC S
		nt Fundraising Represent	Leadership PAC S
esignated Agent: Ident		nt Fundraising Represent	Leadership PAC S
esignated Agent: Ident		nt Fundraising Represent	Leadership PAC S
esignated Agent: Ident			Leadership PAC S
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisir	ig raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
Name of Any Connected BattleGround Wo	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	910 17th St NW		
	Ste 925		
	Washington	DC	20006
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Jointy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Spo
		nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif		nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif		nt Fundraising Represent	Leadership PAC Spo
Designated Agent: Identif		nt Fundraising Represent	Leadership PAC Spo
Designated Agent: Identif	y by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Spo
Designated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(a)	or(h). Joint Fundraising	n Participant:		
O(9)	1	,	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		FEG ID Hullibel	C
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 15320		
		Washington	DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Pull Name	by name, address (phone number – optional)		
	Mailing Address	1		
	Maining Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Te	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc. Mailing Address	ies: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.		the committee deposit	s funds, holds accounts, rents